

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

Every Nation Ministries

ES6938

FOR OFFICE USE ONLY

DONOR #

DATE

Effective date of authorization: _____

- Type of Authorization:
- | | |
|---|--|
| <input type="checkbox"/> New authorization | <input type="checkbox"/> Change banking information |
| <input type="checkbox"/> Change donation amount | <input type="checkbox"/> Discontinue electronic donation |
| <input type="checkbox"/> Change donation date | |

Donor # (leave blank if not applicable)

Last Name

First Name

Address

City

State

Zip

Date of first donation:

____/____/____

Frequency of donation:

- Weekly – Mondays
- Semi-monthly – 1st and 15th
- Monthly on the 1st
- Monthly on the 15th
- Monthly on the 20th
- Quarterly beginning
____/____/____

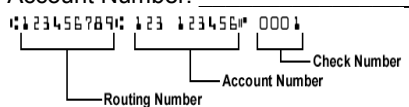
Fund designations and amounts:

- | | | | |
|--|----------|---|----------|
| <input type="checkbox"/> General Fund | \$ _____ | <input type="checkbox"/> Disaster Relief | \$ _____ |
| <input type="checkbox"/> Decapolis | \$ _____ | <input type="checkbox"/> Little Harvest | \$ _____ |
| <input type="checkbox"/> Asia Workers | \$ _____ | <input type="checkbox"/> Good News China | \$ _____ |
| <input type="checkbox"/> Yunnan Family | \$ _____ | <input type="checkbox"/> Salaam | \$ _____ |
| <input type="checkbox"/> Nomad | \$ _____ | <input type="checkbox"/> Yunnan Rural
Development Fund | \$ _____ |
| <input type="checkbox"/> Bethlehem | \$ _____ | | |
| <input type="checkbox"/> India | \$ _____ | | |
| <input type="checkbox"/> Seed 2 Fruit | \$ _____ | | |
| <input type="checkbox"/> Sanyu | \$ _____ | | |
| <input type="checkbox"/> Uganda School | \$ _____ | | |

CHECKING / SAVINGS

- Please debit my donation from my (check one):
- Savings Account (contact your financial institution for Routing #)
 - Checking Account (staple a voided check below)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____


I authorize the above organization and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____

CREDIT CARD

- Please charge my donation to my (check one):
- | | | | |
|-------------------------------|-------------------------------------|---|--|
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express | <input type="checkbox"/> Discover Card |
|-------------------------------|-------------------------------------|---|--|

Credit Card Number:

Expiration Date:

Name on Card:

Billing Address (if different from above):

I authorize the above organization and Vanco Services, LLC to charge my credit card in accordance with the information above.

Signature (as it appears on the credit card): _____ Date: _____

Please staple voided check over credit card section above if using checking account.